

710 - MEDICAL AND FINANCIAL RECORDS

EFFECTIVE DATE: 07/01/00

REVISION DATES: 10/01/01, 12/01/02, 09/01/04, 07/01/10, 07/01/11, 05/01/14, 06/01/14

1. A medical record must be kept at the school for each AHCCCS member who receives services through the DSC Program. The record must be maintained by the service provider(s) who render services to the member. It must provide accurate documentation of the member's health care needs that will be addressed through the Program, changes in the member's health status, and medically necessary services that have been provided.
2. Medical records should be well organized and comprehensive, with sufficient detail to promote effective member care and quality review. Each medical record must be kept up-to-date and include all of the following:
 - a. A copy of the member's current, valid Individual Education Plan (IEP) that includes DSC covered services with outcome oriented goals. An IEP is considered current and valid when the date of service falls within the date-span reflected on the IEP, and the IEP has been signed and dated by the appropriate qualified medical providers for each claimable service. The IEP must contain a "prescription" or recommendation for each medical service including details regarding the scope, frequency and duration. The appropriate qualified provider for each particular service identified in the IEP must determine and include in the IEP the scope, frequency and duration for the medical service under his/her direction. The IEP must be signed and dated by the appropriate qualified medical provider(s),
 - b. Periodic summary reports of the member's progress toward treatment goals which must be completed by the appropriate qualified medical provider for each eligible service and signed and dated by each provider with the date (delivery) of service, and
 - c. A clinical note giving a description of service modalities provided, the date and the time spent providing the service. The note must be signed and dated by the provider at the time the service is provided with the date (delivery) of the service.
3. The member's medical record should include documentation that diagnostic, treatment and disposition information related to the member is transmitted correctly to his/her primary care provider, and other health care providers as appropriate, to promote continuity of care and quality management of the member's health care.
4. Medical records may be documented on paper or in an approved electronic format.
 - a. Records documented on paper must be written legibly in blue or black ink, signed and dated,
 - b. If records are physically altered, the stricken information must be identified as an error and initialed by the person altering the record; whiteout is not allowed,
 - c. If kept in an electronic file, the provider must establish a method of indicating the initiator of information and follow up documentation regarding an electronic signature. The provider must have processes in place to ensure that information is not altered

inadvertently. This would include the use of any electronic format for records provided as documentation to support a claim, such as electronic IEP systems or electronic service logs,

- d. A system must be in place to track when, and by whom, revisions to information are made. The appropriate qualified service provider must be easily identifiable as the person making alteration to the record, and
 - e. Any transmission of, or accessibility to, information included in an AHCCCS member's medical record must conform to current AHCCCS policies, and Health Insurance Portability and Accountability Act requirements when notified by AHCCCS of the effective implementation date.
5. The LEA must submit to the Third Party Administrator (TPA), in an AHCCCS approved format, quarterly and annual cost report. Each quarterly and annual report must be certified by the LEA's AHCCCS approved LEA administrator.
 6. Each participating LEA must maintain appropriate financial documentation that verifies State/local funds were expended for each type of service provided to students enrolled in the DSC Program. In addition, LEAs are responsible for meeting all of the requirements outlined in the School Based Claiming Participation Agreement entered into with the TPA. State requirements related to public welfare and human services awards are addressed in Title 45 of the Code of Federal Regulations (45 C.F.R.) 74.23.
 7. Medical records must be accessible and available to the AHCCCS Administration, the Centers for Medicare and Medicaid Services, the AHCCCS contracted Third Party Administrator and health care providers serving the member. On a periodic and ongoing basis as appropriate, a review of medical records will be conducted to assess the medical necessity of services, the appropriateness of services provided and the completeness of the medical records for AHCCCS members receiving services through the DSC Program. Records reviewed may include IEP, attendance records, evaluations and/or assessments, clinical notes, progress notes, services logs, provider qualification documentation and any additional documentation needed to support the claim.